# 2008

# NONRESIDENT IOWA SPECIAL DEER HUNT FOR SEVERELY DISABLED PERSONS

**INSTRUCTIONS AND AFFIDAVIT** 

IOWA DNR
WALLACE STATE OFFICE BUILDING
DES MOINES, IOWA 50319-0034
515.281.5918
WWW.IOWADNR.GOV

Nonresident persons who are severely disabled may obtain a paid deer hunting license to hunt during the Disabled Hunter Season.

#### **HOW TO APPLY FOR A LICENSE**

- Read the "Definitions of Severely Disabled" on reverse side to determine if you qualify.
  - Fill out the application on the reverse side.
- Have a physician complete the "Physician's Certification" form on the reverse side OR obtain a copy of your Disabilities Parking Permit.
- Nonresidents must apply for a license online at www.iowadnr.gov or through the Electronic Licensing System for Iowa (ELSI) telephone ordering system. See the 2008 Iowa Nonresident Deer Application Instructions for information on how to apply.

The Applicant's Information form, and either a Physician's Certification form or a copy of your Disabilities Parking Permit, must be received either by mail or fax at the DNR Central Office in Des Moines by 4:30 p.m. CST at least five working days prior to applying for or purchasing the license. The fax number is (515) 281-6794.

#### LEGAL WEAPONS

Legal weapons for the Disabled Hunter Season include bows, shotguns, muzzleloading rifles or muskets and handguns as described in the 2008 lowa Nonresident Deer Application Instructions. Hunters age 16 and under may not use any handguns. Hunters age 17 to 20 must be accompanied by a parent, guardian or spouse who is at least 21 years old to use a handgun. A physically disabled person incapable of shooting a bow may obtain a permit from the DNR to use a crossbow to hunt deer. For a crossbow permit application form, go to www.iowadnr.gov and click on "Licenses" and then "Hunting and Fishing Licenses" in the left margin or call 515-281-5918.

# **SEASON**

The Disabled Hunter Season is Sept. 20-Oct. 5.

#### **LICENSE REQUIREMENTS**

All nonresident Any-deer applications will include a mandatory Antlerless-only application for an additional \$100. Successful applicants will receive an Any-deer and an Antlerless-only license. In the case of unsuccessful Any-deer applications, neither license will be issued. Mandatory Antlerless-only licenses do not count in the statewide quota for optional Antlerless-only licenses. Hunters who do not draw an Any-deer/Antlerless-only license may purchase an optional Antlerless-only license until quotas are filled.

In addition to purchasing a deer license, nonresidents must have a valid small game license and pay the habitat fee to hunt deer.

#### **LICENSE FEES\***

Any-Deer/Antlerless-only License	\$323.00
Optional Antlerless-Only Deer License	. \$151.50
Hunting License (18 and older)	\$80.50
Hunting License (under age 18)	\$30.50
Habitat Fee	\$11.50

\* Purchases are subject to an application fee based on a percentage of total license cost, which will be provided at the time of application.

#### **DEADLINES**

The application period for Nonresident Any-deer licenses is **May 3 - June 1.** Optional Antlerless-only licenses for nonresident landowners can be purchased beginning July 26. Regular Optional Antlerless-only licenses may be purchased from July 26 through the last day of the season or until quotas fill, whichever comes first.

## **ADDITIONAL REGULATIONS**

For additional information see the 2008 lowa Nonresident Deer Application Instructions currently available through the DNR. For general information on deer hunting in lowa, see the 2008/09 lowa Hunting and Trapping Regulations, available in mid-August through the DNR or any lowa license vendor. Both will be available on the DNR's website at www.iowadnr.gov (click on "Hunting & Wildlife") or by contacting the DNR at 515-281-5918.

## **DEFINITIONS OF "SEVERELY DISABLED"**

from Iowa Code Section 321L.1(8):

Under Iowa code section 321L.1(8), a "person with a disability" means a person that has a limited or impaired ability to walk, including:

- ♦ A person that cannot walk 200 feet without stopping to rest.
- ♦ A person that cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assisting device.
- ♦ A person restricted by lung disease to the extent that the person's forced expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
- ♦ A person that must use portable oxygen.
- ♦ A person with a cardiac condition classified as severity class 3 or 4 by the American Heart Association.
  - Class 3 Persons with cardiac disease resulting in marked limitation of physical activity. The person is comfortable at rest, but less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.
  - CLASS 4 Persons with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
- ♦ A person severely limited in ability to walk due to an arthritic, neurological or orthopedic condition.

2008 DEER HUNTING LICENSE AFFIDAVIT FOR SEVERELY DISABLED HUNTERS						
	_	T'S INFORMATION I	_			
Name:		• • • • •				
Address:						
City:		State:	Zi	p:		
County:		Telephone Number:				
DOB:	Height:	Weight:	Eyes:	Sex:		
IDNR Customer, Io	IDNR Customer, Iowa Driver's License or Social Security number*:					
I certify that the information provided on this form is correct, that I am a severely disabled person as defined above in Iowa Code section 321L.1(8), and that I have not applied for more than my legal limit of licenses:						
SIGNATURE		DATE				
*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 U.S. Code 666(a)(13). Your social security number will serve as your principle identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify and enforce child support obligations. It WILL NOT appear on your license.						
Physician's Certification						
I, Dr do hereby certify that I am the attending physician of the above-						
named applicant and decla	are that said applicant	is severely disabled as	s defined above in I	owa Code 321L.1(8).		
Physician Name (print)	please):					
Address:		Telephone Number:				
City:		State:	Zip: _			
				Temporarily Disabled		
SIGNATURE OF PHYSIC	IAN:			Permanently Disabled		